

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.	
1	1		1				51					
2		1		1			52					
3		2		1			53					
4		1		1			54					
5		1		1			55					
6		1		1			56					
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17	1		1				67					
18		1		1			68					
19	1		1				69					
20		1		1			70					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

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